

227852
2011-29-A

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

BLC Management, LLC	FEIN/SSN: _____
Company Name	
	Telephone #: <u>678-436-5590</u>
Dba/fka	
<u>3483 Satellite Blvd., Suite 202</u>	
Mailing Address:	
<u>Duluth</u>	<u>GA</u> <u>30096-5800</u>
City, State, Zip Code	
<u>6905 N. Wickham Road, Suite 403</u>	
Business Location	
<u>Melbourne</u>	<u>FL</u> <u>32940-0000</u>
City, State, Zip Code	County: _____

REGISTERED AGENT INFORMATION

Registered Agent:	<u>National Registered Agents, Inc.</u>
Mailing Address:	<u>2 Office Park Court, Suite 103</u>
<u>Columbia</u>	<u>SC</u> <u>29223-0000</u>
City, State, Zip Code	

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- | | | | |
|------|--|--------------------|---|
| | <u>Thomas</u> | <u>Biddix</u> | <i>Business Location Address</i> |
| A. | General Manager (Include Address if Different than above) | | |
| | <u>/</u> | <u>/</u> | |
| | Telephone Number | / Facsimile Number | / E-mail Address |
|
 | | | |
| | | | <i>Business Location Address</i> |
| B. | Customer Relations/Complaints Representative (Include Address if Different than above) | | |
| | <u>/</u> | <u>/</u> | |
| | Telephone Number | / Facsimile Number | / E-mail Address |
|
 | | | |
| | | | <i>Business Location Address</i> |
| C1. | Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above) | | |
| | <u>/</u> | <u>/</u> | |
| | Telephone Number | / Facsimile Number | / E-mail Address |

E. **Test and Repair** (Include Address if Different than above)
- / - /
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)
- / - /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Lisa Brown **Mailing Address**
Regulatory Officer (Included Address if Different Address if different than above)
678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
Telephone Number / Facsimile Number / E-mail Address

H. Lisa Brown
Dual Party Mailings (Name)
(Mailing Address)
678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
Telephone Number / Facsimile Number / E-mail Address

I. Lisa Brown
Interim LEC Fund Mailing (Name)
(Mailing Address)
678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
Telephone Number / Facsimile Number / E-mail Address

J. Lisa Brown
Universal Service Fund Mailings (Name)
(Mailing Address)
678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
Telephone Number / Facsimile Number / E-mail Address

K. Lisa Brown
Gross Receipts Mailings (Name)
(Mailing Address)
678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
Telephone Number / Facsimile Number / E-mail Address

Lisa Brown / *Lisa Brown*
This form was completed by **Signature**
Account Manager / 1/25/2011
Title **Date**

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street
Columbia, South Carolina 29201